PAGE 1 / 45

Image# 201507299000442806

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Than An	Authorized Com	mittee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: I over the lin	f typing, type les.	12FE4M5	
KUCINICH ACTION F	PAC		<u> </u>		
			<u> </u>	1 1 1 1 1	
ADDRESS (number and street)	545 E TOWN ST				
Check if different than previously reported. (ACC)	COLUMBUS			OH	43215
2. FEC IDENTIFICATION N	UMBER ▼	CITY 🛦		STATE A	ZIP CODE ▲
C C00325704		3. IS THIS REPORT	NEW (N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (continuous) July 15 Quarterly Report (continuous) Quarterly Report (continuous) January 31 Year-End Report (continuous) July 31 Mid-Year Report (Non-electinuous) Year Only) (MY) Termination Report (TER)	Q2) PRE-Electic Report for to the separate of	the: Conver	ntion (12C)	Sep 2	in the State of
5. Covering Period 0	01 2	2015 thro		30 /	2015
I certify that I have examined t Type or Print Name of Treasure	•	est of my knowledge	and belief it is tru	ue, correct and	complete.
	nald J. McTigue	[Electro	nically Filed] [Date 07	/ 29 / Y Y Y Y Y Y 2015
NOTE: Submission of false, error	neous, or incomplete infor	rmation may subject th	e person signing t	his Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **KUCINICH ACTION PAC** 2015 06 30 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 404.27 January 1, 2015 (b) Cash on Hand at 404.27 Beginning of Reporting Period..... 10755.25 10755.25 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 11159.52 11159.52 6(a) and 6(c) for Column B)..... 8605.46 8605.46 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 2554.06 2554.06 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 13000.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

KUCINICH ACTION PAC

ributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	3050.00 5705.25 8755.25	
Than Political Committees (i) Itemized (use Schedule A)	5705.25	3050.00 5705.25
(ii) Itemized (use Schedule A)	5705.25	
(ii) Unitemized	5705.25	
(iii) TOTAL (add Lines 11(a)(i) and (ii) Political Party Committees		5705.25
Lines 11(a)(i) and (ii)▶ Political Party Committees	8755.25	
Political Party Committees	8755.25	
		8755.25
	0.00	0.00
Other Political Committees		
(such as PACs)	0.00	0.00
Total Contributions (add Lines		7
	8755.25	8755.25
sfers From Affiliated/Other		
/ Committees	0.00	0.00
	2000.00	
oans Received	2000.00	2000.00
. Denominate Denoised	0.00	0.00
	0.00	0.00
·	0.00	0.00
		0.00
	0.00	0.00
	0.00	0.00
·	0.00	0.00
	0.00	0.00
	0.00	0.00
	3.55	0.00
evin Funds (from Schedule H5)	0.00	0.00
· · · · · ·		
otal Transfers (add 18(a) and 18(b))	0.00	0.00
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	### Totals to Line 33, page 5) ### ### ### ### ### ### ### ### ###

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tillo I Cilou	Calcilual Teat-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
	0.00	200
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	332.21	332.21
(c) Total Operating Expenditures	002.21	002.21
(add 21(a)(i), (a)(ii), and (b))▶	332.21	332.21
Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to Federal Candidates/Committees	0.00	200
and Other Political Committees	0.00	0.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
,		
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other	0.00	0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	7 7	
(such as PACs)	0.00	0.00
(I) T. I.O II . II . B. (. I		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00
(add Lines 20(a), (b), and (c),	7	
Other Disbursements	8273.25	8273.25
	7	
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	7
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		7 7
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
Tatal Diahamananah (a.1111an a.211). 22		
Total Disbursements (add Lines 21(c), 22,	0005.40	2027
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8605.46	8605.46
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	8605.46	8605.46

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	8755.25	8755.25
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8755.25	8755.25
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	332.21	332.21
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	332.21	332.21

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE		6	OF		45
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16	;		17

or for commercial purposes, other than using	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) KUCINICH ACTION PAC		
Full Name (Last, First, Middle Initial) Judith Beaver		Date of Receipt
Mailing Address 325 N. 5th Ave, 21		05 28 2015
City	State Zip Code	Transaction ID : SA11AI.6991
Sequim	WA 98382	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Self-employed	Medical transcriptionist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. John L. Cleveland		Date of Receipt
Mailing Address 7447 St. Charles Ave		M = M / D = D / Y = Y = Y
Apt. C	Chala Tin Code	01 15 2015
City New Orleans	State Zip Code LA 70118	Transaction ID : SA11AI.6633
	. 0.1.0	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Retired	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	300,000	
Full Name (Last, First, Middle Initial) Elie Khawam		Date of Receipt
Mailing Address 638 Pathfinder Trail		05 04 2015
City	State Zip Code	Transaction ID : SA11AI.6978
Anahiem Hills	CA 92807	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Business Owner	Dyer oil, inc	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SURTOTAL of Receints This Page (ontional)		1550.00
TOTAL This Period (last page this line numb	<u>·</u> _	
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Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)									
X 11a		11b [11c		12			
13		14		15		16			17

Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) KUCINICH ACTION PAC		
Full Name (Last, First, Middle Initial) William Shuman Mailing Address 217 N. Oklahoma Way		Date of Receipt
City	State Zip Code	03 03 2015 Transaction ID : SA11AI.6651
Fayetteville	AR 72701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer None	Occupation None	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) 3. William Shuman Mailing Address 247 N. Ollaharra Way		Date of Receipt
Mailing Address 217 N. Oklahoma Way		05 22 2015
City Fayetteville	State Zip Code AR 72701	Transaction ID : SA11Al.6657 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer None	Occupation None	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) C. Joyce Sundin		Date of Receipt
Mailing Address 4506 Bagley Avenue North		01 02 2015
City Seattle	State Zip Code WA 98103	Transaction ID : SA11AI.6766 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer intervention specialist	Occupation self	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	>	850.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FO	PAGE		8	OF		45				
(che	(check only one)									
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	13		14		15		16	;		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) KUCINICH ACTION PAC		
Full Name (Last, First, Middle Initial) 1. Ivan Vesely		Date of Receipt
Mailing Address 1407 Foothill Blvd Ste 219		03 16 / Y Y Y Y Y Y
City La Verne	State Zip Code CA 91750	Transaction ID : SA11AI.6942 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer SW Consultant	Occupation Self	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) 3. Ivan Vesely Mailing Address 1407 Foothill Blvd		Date of Receipt
Ste 219 City La Verne	State Zip Code CA 91750	04 16 2015 Transaction ID : SA11Al.6965 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer SW Consultant	Occupation Self	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) C. Ivan Vesely	'	Date of Receipt
Mailing Address 1407 Foothill Blvd Ste 219		05 16 2015
City La Verne	State Zip Code CA 91750	Transaction ID : SA11AI.6986 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer SW Consultant	Occupation Self	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number	per only)	

FOR LINE NUMBER: Use separate schedule(s) for each category of the Detailed Summary Page

F	OR	LINE	NU	MBER	PAGE		9	OF		45	
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) KUCINICH ACTION PAC		
Full Name (Last, First, Middle Initial) 1. Ivan Vesely		Date of Receipt
Mailing Address 1407 Foothill Blvd Ste 219		06 18 2015
City La Verne	State Zip Code CA 91750	Transaction ID : SA11AI.7002 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer SW Consultant Receipt For:	Occupation Self	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) 3. Suzanne Ward Mailing Address 4000 NE Matney Rd		Date of Receipt 01 02 2015
City Camas	State Zip Code WA 98607	Transaction ID : SA11AI.6796 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Retired	Occupation N/A	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)	•	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		350.00
TOTAL This Period (last page this line number	er only)	3050.00

	FOF	R LINE	NU	MBER	:	PAGE	_ ′	10 OF	45
Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page		11a		11b		11c		12	
_ comes commun, cage	X	13		14		15		16	17

	Statements may not be sold or used by any pers- he name and address of any political committee to	
NAME OF COMMITTEE (In Full) KUCINICH ACTION PAC		
Full Name (Last, First, Middle Initial) Dennis Kucinich Mailing Address PO Box 110145 City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cleveland FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	OH 44111 C Occupation Aggregate Year-to-Date 2000.00	Transaction ID : SA13.7005 Amount of Each Receipt this Period 2000.00
Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Receipt For: □ Primary □ General □ Other (specify) ▼	C Occupation Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	2000.00
TOTAL This Period (last page this line number	er only)	2000.00

SCHEDULE B (FEC Form 3X)	Llea constata cohodul-/-	\ I	INE NUMBER: PAGE 11 OF										
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only X 21b 27	one) 22 23 28a 28b	24 25 2 28c 29 3									
Any information copied from such Reports and Statem or for commercial purposes, other than using the name													
NAME OF COMMITTEE (In Full) KUCINICH ACTION PAC	ie and address of any polit	icai committee to	Solicit contributions II	om such committee.									
Full Name (Last, First, Middle Initial)		Date of Disburseme	ant										
A. Fifth Third Bank			/ Y Y Y Y Y										
Mailing Address P.O. BOX 630900	02 10 2018												
	State Zip Code		Transaction ID : S	SB21B.6565									
Cincinnati Purpose of Disbursement	OH 45263												
Service Fee			Amount of Each Di	sbursement this Period									
Candidate Name		Category/		79.27									
Office Cought. House Dishuran		Type		13.21									
	Primary General Other (specify)												
State: District:													
Full Name (Last, First, Middle Initial) B. Fifth Third Bank			Date of Disburseme	ent									
Mailing Address P.O. BOX 630900			03 10 2015										
City	State Zip Code		Towns of the ID 1	2004D 0500									
	OH 45263		Transaction ID:	SB21B.6588									
Purpose of Disbursement Service Fee			Amount of Each Di	sbursement this Period									
Candidate Name		Category/ Type	Amount of Each Di	66.97									
Senate	ice Sought: House												
Full Name (Last, First, Middle Initial) C. Fifth Third Bank			Date of Disburseme	_									
Mailing Address P.O. BOX 630900			04 / 09	2015									
Cincinnati	State Zip Code OH 45263		Transaction ID : \$	SB21B.6609									
Purpose of Disbursement Service Fee			Amount of Each Di	sbursement this Period									
Candidate Name		Category/ Type		69.74									
	nent For: Primary General Other (specify)		,	,									
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)				215.98									

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SCHEDULE B (FEC Form 3X)		FOR LIN	E NUMBER	1:		PAGE	12 (OF 45					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check or				04 -							
	Detailed Summary Page	X 21		23		24 28c	25	26					
		27	28a	28b			29	301					
Any information copied from such Reports and States or for commercial purposes, other than using the nar													
NAME OF COMMITTEE (In Full) KUCINICH ACTION PAC													
Full Name (Last, First, Middle Initial)			Data of Bishama										
A. Fifth Third Bank			Date of Disbursement										
Mailing Address P.O. BOX 630900			05 11 2015										
City	State Zip Code		Tron	saction II) . ep	21D 66	27						
Cincinnati	OH 45263			Saction it	J . 3D	210.00	21						
Purpose of Disbursement Service Fee			Amour	nt of Each	n Disb	urseme	nt this	Period					
Candidate Name		Category/ Type					116	6.23					
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify)	Турс				, ,							
State: District:	(-												
Full Name (Last, First, Middle Initial) B.			Date o	of Disburs	emen	t							
Mailing Address			M = N	/ D	D	/ Y	Y	Υ					
City	State Zip Code												
Purpose of Disbursement			Amour	nt of Each	n Disb	urseme	nt this	Period					
Candidate Name		Category/ Type				-,-							
Senate President	ment For: Primary General Other (specify)												
State: District: Full Name (Last, First, Middle Initial)													
C.			Date o	of Disburs	emen		Y Y	V					
Mailing Address						<u> </u>							
City	State Zip Code												
Purpose of Disbursement													
Candidate Name		Category/ Type	Amour	nt of Each	n Disb	urseme	nt this	Period					
Office Sought: House Disbursel Senate President State: District:	ment For: Primary General Other (specify)			- 7		7							
					_	-	-						
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			L.	-	-		116 332	2.23					

S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 13 OF											
ΙŢ	EMIZED DISBURSEMENTS	Use separate schedule(s	s) ₍	check only										
		for each category of the Detailed Summary Page		21b	22 23 24 25 26									
_				27	28a 28b 28c X 29 30b									
	ny information copied from such Reports and States													
or	for commercial purposes, other than using the nar	me and address of any poli	tical co	mmittee to	o solicit contributions from such committee.									
$ \setminus $	NAME OF COMMITTEE (In Full)													
/	KUCINICH ACTION PAC													
_	Full Name (Last, First, Middle Initial)													
Α.	America Online				Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
	America Offilite													
	Mailing Address 770 BROADWAY													
	,	State Zip Code			Transaction ID : SB29.6619									
	NEW YORK Purpose of Disbursement	NY 10003												
	Web Services				Amount of Each Disbursement this Period									
	Candidate Name		با ا		Although of Each Biobardoment this Foliod									
				tegory/ Type	43.99									
	Office Sought: House Disburse	ment For:		7 F -	, , , , , , , , , , , , , , , , , , , ,									
	Senate	Primary General												
	President	Other (specify) ▼												
	State: District:													
	Full Name (Last, First, Middle Initial)													
В.	Blue State Digital				Date of Disbursement									
	Mailing Address 406 7th St NW				02 23 2015									
	3rd Flr				52 25 2515									
		State Zip Code			Transaction ID - CD20 CF72									
	Washington	DC 20004			Transaction ID : SB29.6573									
	Purpose of Disbursement Technology & Online Contribution Fees													
	Candidate Name		-		Amount of Each Disbursement this Period									
	Candidate Name			tegory/	1051.00									
	Office Sought: House Disburse	ment For:		Туре										
	Senate	Primary General												
	President	Other (specify) ▼												
	State: District:													
	Full Name (Last, First, Middle Initial)													
C.	Blue State Digital				Date of Disbursement									
					M M / D D / Y Y Y Y									
	Mailing Address 406 7th St NW				05 19 2015									
	3rd Flr City	State Zip Code												
	Washington	DC 20004			Transaction ID : SB29.6574									
	Purpose of Disbursement													
	Technology & Online Contribution Fees				Amount of Each Disbursement this Period									
	Candidate Name			tegory/	1500.00									
	Office Cought	mont Fam.	<u> </u>	Туре	1300.00									
	Office Sought: House Disburse Senate	ment For: Primary General												
	President	Primary General Other (specify) ▼												
	State: District:	(opoon)/ •												
Г	·													
s	UBTOTAL of Disbursements This Page (optional)				2594.99									
H														
lт	OTAL This Period (last page this line number only)												

for each of Detailed States		21b 27 sed by any perso	one) 22 23 24 25 26 28a 28b 28c X 29 30 on for the purpose of soliciting contributions solicit contributions from such committee.								
		sed by any perso	on for the purpose of soliciting contributions								
c and addi-	ess of any politic	car committee to	Solicit contributions from Such committee.								
Full Name (Last, First, Middle Initial) - Fifth Third Bank											
			02 11 2015								
	Zip Code 45263		Transaction ID : SB29.6566								
	.0200		Amount of Each Disbursement this Period								
		Category/ Type	0.26								
Primary	General cify) ▼										
			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	Zip Code 45263		Transaction ID : SB29.6567								
			Amount of Each Disbursement this Period								
ont For		Category/ Type	0.55								
Primary	General cify) ▼										
			Date of Disbursement								
			02 17 2015								
	Zip Code 45263		Transaction ID : SB29.6569								
		Category/	Amount of Each Disbursement this Period								
Primary	General	Туре									
	ent For: Primary Other (spec	onent For: Primary General Other (specify) ▼ State Zip Code OH 45263 Ident For: Primary General Other (specify) ▼ State Zip Code OH 45263	Category/ Type Tent For: Primary General Other (specify) Category/ Type Category/ Type								

	CHEDULE B (FEC Form 3X)	Lice congrete cohedula(a)	FOR LINE										
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	v one) 22 23 24 25 26									
		Detailed Summary Page	27	28a 28b 28c X 29 30b									
	ny information copied from such Reports and Stater												
or	for commercial purposes, other than using the nan	ne and address of any polition	cal committee to	o solicit contributions from such committee.									
$\left \right\rangle$	NAME OF COMMITTEE (In Full) KUCINICH ACTION PAC												
_	Full Name (Last, First, Middle Initial)			But of Birls									
A.	Fifth Third Bank			Date of Disbursement									
	Mailing Address P.O. BOX 630900			02 17 2015									
		State Zip Code		Transaction ID : SB29.6571									
	Cincinnati Purpose of Disbursement	OH 45263											
	Merchant Fee			Amount of Each Disbursement this Period									
	Candidate Name		Category/	2.44									
	Office Sought: House Disburser	mont For:	Туре	2.44									
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	Mailing Address P.O. BOX 630900			02 17 2015									
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	Candidate Name		Category/ Type	0.33									
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	Mailing Address P.O. BOX 630900			02 23 2015									
		State Zip Code		Transaction ID : SB29.6576									
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	Merchant Fee			Amount of Each Disbursement this Period									
	Candidate Name		Category/ Type	0.19									
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A. Fifth Third Bank			Date of Disbursement
Mailing Address P.O. BOX 630900		02 23 2015	
City	State Zip Code		Transaction ID : SB29.6577
Cincinnati Purpose of Disbursement	OH 45263		
Merchant Fee			Amount of Each Disbursement this Period
Candidate Name		Category/	0.26
Office Sought: House Dis	bursement For:	Туре	
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B. Fifth Third Bank			Date of Disbursement
Mailing Address P.O. BOX 630900			03 02 2015
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Candidate Name			Amount of Each Disbursement this Period
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City	State Zip Code		Transaction ID : SB29.6579
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		State Zip Code		Transaction ID : S	SB29 6594									
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	Candidate Name		Category/		1.44									
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or	for commercial purposes, other than using the name	ne and address of any politic	cal committee to	o solicit contributions from such committee.					
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Α.	Fifth Third Bank	Date of Disbursement							
	Mailing Address P.O. BOX 630900			04 03 / 2015					
	City	State Zip Code		Transaction ID - CD00 CC05					
	Cincinnati	OH 45263		Transaction ID : SB29.6605					
	Purpose of Disbursement Merchant Fee			Amount of Each Disbursement this Period					
	Candidate Name		Category/ Type	0.33					
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)							
	State: District:								
В.	Full Name (Last, First, Middle Initial) Fifth Third Bank			Date of Disbursement					
	Mailing Address P.O. BOX 630900		04 06 2015						
	Cincinnati	State Zip Code OH 45263		Transaction ID : SB29.6606					
	Purpose of Disbursement Merchant Fee			Amount of Each Disbursement this Period					
	Candidate Name		Category/ Type	0.38					
	Office Sought: House Senate President State: Disburser Disburser	nent For: Primary General Other (specify)							
С.	Full Name (Last, First, Middle Initial) Fifth Third Bank			Date of Disbursement					
	Mailing Address P.O. BOX 630900		04 13 2015						
	,	State Zip Code OH 45263		Transaction ID : SB29.6610					
	Purpose of Disbursement Merchant Fee								
	Candidate Name		Category/ Type	Amount of Each Disbursement this Period 0.26					
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Candidate Name			Amount of Each Disbursement this Period					
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	Other (specify) ▼							
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SUBTOTAL of Disbursements This Page (optional)		·····•	2.14					
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	CHEDULE B (FEC Form 3X)	Lico congreto cohodulo(c	FOR LINE NUMBER: PAGE 24 OF 45						
ITEMIZED DISBURSEMENTS		Use separate schedule(s for each category of the	(check or	<i>'</i> ′					
		Detailed Summary Page	27		26 30b				
	y information copied from such Reports and Stater								
or	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	ne and address of any polit	ical committee	to solicit contributions from such commi	πее.				
\rangle	KUCINICH ACTION PAC								
_	Full Name (Last, First, Middle Initial)			Data of Diahumanant					
Α.	Fifth Third Bank	Date of Disbursement	V						
	Mailing Address P.O. BOX 630900			04 29 2015					
	,	State Zip Code		Transaction ID : SB29.6616					
	Cincinnati Purpose of Disbursement	OH 45263		_					
	Merchant Fee			Amount of Each Disbursement this	Period				
	Candidate Name		Category/		0.84				
	Office Sought: House Disburser	ment For:	Type		0.01				
	Senate	Primary General							
	President	Other (specify) ▼							
_	State: District:								
R	Full Name (Last, First, Middle Initial) Fifth Third Bank			Date of Disbursement					
٥.	FIIII ITIIIO BAIIK			M M / D D / Y Y Y	Y				
	Mailing Address P.O. BOX 630900			05 04 2015					
	Cincinnati	State Zip Code OH 45263		Transaction ID : SB29.6621					
	Purpose of Disbursement Merchant Fee			Amount of Each Disbursement this Period					
	Candidate Name		Category/		0.33				
	Office Sought: House Disburser	ment For:	Туре						
	Senate	Primary General							
	President	Other (specify) ▼							
_	State: District:								
C.	Full Name (Last, First, Middle Initial) Fifth Third Bank			Date of Disbursement					
				M M / D D / Y Y Y	Y				
	Mailing Address P.O. BOX 630900		05 04 2015						
	,	State Zip Code		Transaction ID : SB29.6622					
	Cincinnati Purpose of Disbursement	OH 45263							
	Merchant Fee		Amount of Each Disbursement this	Period					
	Candidate Name		Category/ Type	Allouit of Each Biodeforment the	0.38				
	Office Sought: House Disburser	ment For:							
	Senate	Primary General							
	State: President State:	Other (specify) ▼							
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S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 25 OF 45											
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the					nly one)							
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	ny information copied from such Reports and Stater													S
or	for commercial purposes, other than using the name	ne and addi	ress of any politic	cal con	nmitt	tee to	solicit co	ntrik	outions	from	such	commi	ttee.	
$ \setminus $	NAME OF COMMITTEE (In Full)													
/	KUCINICH ACTION PAC													
<u></u>	Full Name (Last, First, Middle Initial)													
Α.	Fifth Third Bank						Date o	of Di	sburse	ement				
							M II N	/	D	D /	Υ	Y Y	Y	
	Mailing Address P.O. BOX 630900						05 04 2015							
	City	State	Zip Code											
	Cincinnati	OH	45263				Tran	sact	ion ID	: SB	29.6623	3		
	Purpose of Disbursement			$\overline{}$	-	\neg								
	Merchant Fee			L.			Amour	nt of	Each	Disbu	ırseme	nt this	Perio	od
	Candidate Name				egory	y/							1.12	
	Office Sought: House Disburser	ment For:		T	ype			-	7		7			_
	Senate Disburser	Primary	General											
	President	Other (spec												
	State: District:		·											
	Full Name (Last, First, Middle Initial)													
В.	Fifth Third Bank						Date of	of Di	sburse	ement				
	Mailing Address D.O. DOV 20000						M = N	/		D /		Y Y	- Y	
	Mailing Address P.O. BOX 630900						05	-	Ü)5		2015	-	
	City	Tran					Transaction ID : SB29.6625							
	Cincinnati	ОН	45263				iran	Sact	טו ווסו	. 30	29.002	3		
	Purpose of Disbursement Merchant Fee		Amount of Each Disbursement this						Dori	~ d				
	Candidate Name	Category/					Amount of Each Disbursement this Period					ou		
				y/						2	27.43			
	Office Sought: House Disburser	ment For:			ype									
	Senate	Primary General												
	President	Other (spec	cify) 🔻											
_	State: District:													
C	Full Name (Last, First, Middle Initial) Fifth Third Bank						Date o	of Di	shurse	ment				
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	Mailing Address P.O. BOX 630900						05		1			2015	.	
	City Cincinnati	State OH	Zip Code 45263				Tran	sact	ion ID	: SB	29.6628	3		
	Purpose of Disbursement	J11	40200											
	Merchant Fee						Amour	nt of	Each	Disbu	ırseme	nt this	Perio	od
	Candidate Name			Cate	egory	y/		-	-	_	-	_	0.26	
	00000				ype			_	7		7		0.26	
	Office Sought: House Disburser Senate	ment For:	Gonoral											
	Senate President	Primary Other (spec	General											
	State: District:	Salor (spe	~·· <i>y</i> / ▼											
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SCHEDULE B (FEC Form 3X)	Llea congrata cohodula(a)	FOR LINE NUMBER: PAGE 26 OF 45						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only						
	Detailed Summary Page	27	22 23 24 25 26 28a 28b 28c X 29 30b					
Any information copied from such Reports and State			on for the purpose of soliciting contributions					
or for commercial purposes, other than using the na	me and address of any politica	al committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) KUCINICH ACTION PAC								
Full Name (Last, First, Middle Initial)								
A. Fifth Third Bank	Date of Disbursement							
Mailing Address P.O. BOX 630900			05 14 2015					
City	State Zip Code		Transaction ID : SB29.6629					
Cincinnati	OH 45263		Halisaction id . 3629.0029					
Purpose of Disbursement Merchant Fee			Amount of Each Disbursement this Period					
Candidate Name		Category/ Type	0.55					
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)							
State: District:								
Full Name (Last, First, Middle Initial)								
B. McTigue, McGinnis & Colombo Ll	.C		Date of Disbursement					
Mailing Address 545 E Town Street			01 05 2015					
City Columbus	State Zip Code OH 43215		Transaction ID : SB29.6528					
Purpose of Disbursement Legal Services			Amount of Each Disbursement this Period					
Candidate Name		Category/ Type	1000.00					
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)							
Full Name (Last, First, Middle Initial)								
C. McTigue, McGinnis & Colombo LL	.C		Date of Disbursement					
Mailing Address 545 E Town Street			01 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Columbus	State Zip Code OH 43215		Transaction ID : SB29.6529					
Purpose of Disbursement								
Legal Services Candidate Name		Category/ Type	Amount of Each Disbursement this Period 1059.95					
Office Sought: House Disburse Senate President District:	ment For: Primary General Other (specify)	туре						
- Siotroti								
SUBTOTAL of Disbursements This Page (optional).			2060.50					
TOTAL This Period (last page this line number only	')							

SCH	IEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 27 OF 45											
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			_		ily one)							
			category of the Summary Page			21b	22		23		24	25	25 26	26
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\vdash	r commercial purposes, other than using the nan	ne and add	ress of any politic	cal con	nmitt	ee to	solicit (contri	butions	s from	such	commi	ttee.	
I \	AME OF COMMITTEE (In Full)													
/ K	CUCINICH ACTION PAC													
<u>/</u> Fι	ıll Name (Last, First, Middle Initial)													
A . N	/IcTigue, McGinnis & Colombo LL	С					Date	of D	isburse	ement				
_							M	M	/ D	D	Υ	Y Y	Y	
M	Mailing Address 545 E Town Street						01 14 2015							
Ci	City State Zip Code													
	blumbus	OH	43215				Tra	nsac	tion ID) : SB	29.6530)		
	urpose of Disbursement				-	_								
	egal Services			L.			Amo	unt o	f Each	Disb	ırseme	nt this	Perio	bc
Ca	andidate Name				egory	//						59	7.21	
<u> </u>	ffice Sought: House Disburser	ment For:		F	ype			_	7	_	7			
	Senate Disburser	Primary	General											
	President	Other (spe	cify) 🔻											
St	ate: District:													
Fu	ıll Name (Last, First, Middle Initial)													
B. [/IcTigue, McGinnis & Colombo LL	С					Date	of D	isburs	ement				
N/1	oiling Address - E4E E Tarre Orace						O:	M		0		y ■ y 2015	Y	
IVI	ailing Address 545 E Town Street						Ü.	2	4	23		2013		
Ci	ty	State	Zip Code				Tra	neac	tion IF	ı · cr	29.657	5		
_	olumbus	ОН	43215				IIa	IISac	tion it	, JD	23.037	,		
	urpose of Disbursement Legal Services			Ε.		7	Amoi	ınt o	f Each	Diehi	ırseme	nt thic	Porio	nd
	andidate Name		Category/				AIIIO	arit O	Lacii	DISDI	ii Seiiile	111 11113	I CIIC	Ju
					egory ype	"			7		7	50	00.00	
Of	ffice Sought: House Disburser	ment For:												
	Senate	Primary General												
C+	President	Other (spe	cify) 🔻											
	ate: District: Ill Name (Last, First, Middle Initial)													
	ni Name (Last, First, Middle Initial) IcTigue, McGinnis & Colombo LL	\mathbf{c}					Date	of D	isburse	ement				
- IV	ic rigue, McGirilis & Coloribo EL	C					M	M	/ D	D	Υ	Y Y	Y	
M	ailing Address 545 E Town Street						03	_		9		2015		
_														
Ci	ty olumbus	State OH	Zip Code 43215				Tra	nsac	tion IE) : SB	29.6586	6		
	urpose of Disbursement	011	40210			_								
L	egal Services					ш	Amoi	unt of	f Each	Disb	ırseme	nt this	Perio	od
Ca	andidate Name			Cate	egory	//		_	-	_		50	0.00	
	Was Caushi				ype			_	7		7	30	0.00	
O	ffice Sought: House Disburser Senate	ment For: Primary	General											
	President	Other (spe												
St	ate: District:	2 OPO	- 3/ ▼											
	I							-	_	_	-	_		_
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 28 OF 45						
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	_ NONDER.					
	for each category of the Detailed Summary Page	21b	22 23 24 25 26					
	Dotailed Cultilliary 1 age	27	28a 28b 28c X 29 30b					
Any information copied from such Reports and Stater								
or for commercial purposes, other than using the nan	ne and address of any politic	al committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
$ \; angle$ KUCINICH ACTION PAC								
Full Name (Last, First, Middle Initial)								
A. McTigue, McGinnis & Colombo LL	C		Date of Disbursement					
Mailing Address 545 E Town Street		05 19 2015						
City	State Zip Code							
Columbus	OH 43215		Transaction ID : SB29.6618					
Purpose of Disbursement								
Legal Services			Amount of Each Disbursement this Period					
Candidate Name		Category/	500.00					
Office Cought:	nont For:	Туре	300.00					
Office Sought: House Disburser Senate	nent For: Primary General							
President	Other (specify)							
State: District:	(-							
Full Name (Last, First, Middle Initial)								
B. MJC Consulting LLC			Date of Disbursement					
			M M / D D / Y Y Y Y					
Mailing Address 6093 Creekside Dr			01 05 2015					
City	City State Zip Code							
Parma Hts	OH 44130		Transaction ID: SB29.6526					
Purpose of Disbursement								
Consulting			Amount of Each Disbursement this Period					
Candidate Name		Category/	280.00					
Office Sought: House Disburser	nent For:	Туре						
Senate Sought.	Primary General							
President	Other (specify) ▼							
State: District:	·							
Full Name (Last, First, Middle Initial)								
C. MJC Consulting LLC			Date of Disbursement					
Mailing Address 6093 Creekside Dr			03 13 2015					
Mailing Address 6083 Creekside Dr			03 10 2010					
City	State Zip Code		Transaction ID : SB29.6591					
Parma Hts	OH 44130		11a115aCtiOi1 ID . 3D23.0331					
Purpose of Disbursement Consulting								
Candidate Name		البيا	Amount of Each Disbursement this Period					
		Category/ Type	280.00					
Office Sought: House Disburser	nent For:	71						
Senate	Primary General							
President	Other (specify) ▼							
State: District:								
			1060.00					
SUBTOTAL of Disbursements This Page (optional)		······	1000.00					
TOTAL This Period (last page this line number only)								

SCHEDULE B (FEC Form 3X)	Hoo concrete ashed (1-/-)	FOR LINE NUMBER: PAGE 29						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(onlook only						
	Detailed Summary Page	21b 27	22 23 28b	24 25 26 28c X 29 30l				
Any information copied from such Reports and State or for commercial purposes, other than using the nar								
NAME OF COMMITTEE (In Full) KUCINICH ACTION PAC								
Full Name (Last, First, Middle Initial)			D (D: .)					
A. MJC Consulting LLC		Date of Disburseme	ent					
Mailing Address 6093 Creekside Dr	03 16	2015						
,	State Zip Code		Transaction ID : \$	SB29.6593				
Parma Hts Purpose of Disbursement	OH 44130							
Consulting			Amount of Each Di	sbursement this Period				
Candidate Name		Category/		245.00				
Office Sought: House Dishures	mant Far	Type		240.00				
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial)								
B. MJC Consulting LLC			Date of Disburseme	_				
Mailing Address 6093 Creekside Dr		04 / 22	2015					
•	State Zip Code		Transaction ID :	SB29.6614				
Parma Hts Purpose of Disbursement	OH 44130							
Consulting								
Candidate Name		Category/ Type		210.00				
Senate President	ment For: Primary General Other (specify)							
State: District: Full Name (Last, First, Middle Initial)								
C.			Date of Disburseme					
Mailing Address								
City	State Zip Code							
Purpose of Disbursement								
Candidate Name		Category/ Type		sbursement this Period				
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)							
OUDTOTAL of Disk				455.00				
SUBTOTAL of Disbursements This Page (optional)		·····•		455.00				
TOTAL This Period (last page this line number only)			7835.85				

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 30 OF 45
FOR LINE 13 OF FORM 3X

		Botanou Gunmary 1	<u> </u>
AME OF COMMITTEE (In Full)		Т	ransaction ID : SC/10.5313
CUCINICH ACTION PAC			
LOAN SOURCE Full Name (Last, Firs	t. Middle Initial)		Election:
Dennis Kucinich	-, ····,		Primary
			General
Mailing Address PO Box 110145			Other (specify) ▼
City Cleveland	State OH ZIP	Code 44111	
Original Amount of Loan	Cumulative Payment	To Date E	Balance Outstanding at Close of This Period
1000.00		0.00	1000.00
TERMS			
Date Incurred	Date Du	ue Interest F	Rate Secured:
12 26 7 2012	M = M / D = D /	14// 1	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if a	ny) to Loan Source		
1. Full Name (Last, First, Middle Initia	()	Name of Employer	
Mailing Address		Occupation	
City	to ZID Codo	Amount	
City Sta	te ZIP Code	Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	tte ZIP Code	Guaranteed Outstanding:	, , , , , , , , ,
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
Ivialing Address		Occupation	
		Amount	
City Sta	ite ZIP Code	Guaranteed	
		Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		000000000000000000000000000000000000000	
		Amount	
City	ite ZIP Code	Guaranteed	
		Outstanding:	
		r	
UBTOTALS This Period This Page (option	onal)	>	1000.00
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Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 31 OF 45
FOR LINE 13 OF FORM 3X

	Detailed Summary Page
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.5315
KUCINICH ACTION PAC	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
Dennis Kucinich	Primary General
Mailing Address PO Box 110145	Other (specify) ▼
City Cleveland State OH	ZIP Code 44111
Original Amount of Loan Cumulative	Payment To Date Balance Outstanding at Close of This Period
1700.00	0.00 1700.00
TERMS Date Incurred	Date Due Interest Rate Secured:
	No No N/A 0.00 % (apr)
List All Endorsers or Guarantors (if any) to Loan Sou	rce
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	>
Carry outstanding balance only to LINE 3, Schedule D, for	this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 32 OF 45
FOR LINE 13 OF FORM 3X

		Detailed Summary Fage
AME OF COMMITTEE (In Full)		Transaction ID : SC/10.5316
KUCINICH ACTION PAC		
LOAN SOURCE Full Name (Last, First, Midd	le Initial)	Election:
Dennis Kucinich	/	Primary
		General
Mailing Address PO Box 110145		Other (specify) ▼
		ZIP Code 44111
Original Amount of Loan	Cumulative Paym	nent To Date Balance Outstanding at Close of This Period
850.00	,	0.00 850.00
TERMS		P. C.
Date Incurred	Date / D D	e Due Interest Rate Secured:
08 / 01 / Y Y Y Y Y	- m / D = D	/ N/A 0.00 % (apr) Yes ⊠ N
List All Endorsers or Guarantors (if any) to	Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed
		Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
Ivialing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed
		Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		- Sapanon
		Amount
City State	ZIP Code	Guaranteed
,		Outstanding:
		I
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carry outstanding balance only to LINE 3, Sche	dule D, for this I	line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

OF 45 PAGE 33 FOR LINE 13 OF FORM 3X

		Botanoa Gammary 1	<u> </u>
AME OF COMMITTEE (In Full)		Tr	ansaction ID : SC/10.5317
CUCINICH ACTION PAC			
LOAN SOURCE Full Name (Last, First,	Middle Initial)		Election:
Dennis Kucinich	Wildalo IIIIIai)		Primary
			General
Mailing Address PO Box 110145			Other (specify)
1 0 Box 110140			
City Cleveland	State OH ZIP Co	ode 44111	
Original Amount of Loan	Cumulative Payment To	Date B	alance Outstanding at Close of This Period
2000.00		0.00	2000.00
2000.00		0.00	2000.00
TERMS			
Date Incurred	Date Due		
09 23 2013	M = M / D = D / Y	N/A 0.	.00 % (apr) Yes X No
			, с (ар.)
List All Endorsers or Guarantors (if an			
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
Walling Address		Occupation	
		Amount	
City State	e ZIP Code	Guaranteed	
-		Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed	
Only State	, <u> </u>	Outstanding:	7 7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	7ID Codo	Amount	
City State	e ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
(,,,,,,,,			
Mailing Address		Occupation	
		Amount	
City State	e ZIP Code	Guaranteed Outstanding:	
		Juistanumy.	
UDTOTAL C This Device This Device (1981)	201)	, Γ	2000.00
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carry outstanding balance only to LINE 3,	Schedule D, for this line. If	no Schedule D, carry fo	orward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 34 OF 45
FOR LINE 13 OF FORM 3X

		0	etalleu c	Summary F	aye	. 011 21112		0,1
AME OF COMMITTEE (In Full)				T	ransact	ion ID : SC/10.5	318	
KUCINICH ACTION PAC								
LOAN SOURCE Full Name (Last, First, Mid	dle Initial)				Ele	ection:		
Dennis Kucinich	,					Primary		
						General		
Mailing Address PO Box 110145						Other (specify)	•	
City Cleveland	State OH	ZIP Code 4	14111		_ -			
Original Amount of Loan		ayment To Date		ı	Balance	Outstanding at (Close of Th	is Period
		,		-				
450.00			0.0	00	L		450	0.00
TERMS Date Incurred	г	Date Due		Interest I	Rate		Secured:	
M M / D D / Y Y Y Y Y			Y Y			_	oecuieu.	
12 20 2013	[N/A	` .		0.00	% (apr)	Yes	X No
List All Endorsers or Guarantors (if any) to	Loan Source)						
1. Full Name (Last, First, Middle Initial)		Nan	ne of En	mployer				
Mailing Address		Occ	cupation					
			ount					
City State	ZIP Code		aranteed standing					_
2. Full Name (Last, First, Middle Initial)		Nan	ne of En	mployer				
Mailing Address		Occ	cupation					
Cib.	710.0		ount					7
City State	ZIP Code		aranteed standing					
3. Full Name (Last, First, Middle Initial)		Nan	ne of En	mployer				
Mailing Address		000	cupation					
Maining Address			ωμαιιΟΠ					
			ount					7
City State	ZIP Code		aranteed				1. 40	
4 Eull Name /I E			standing			7		
4. Full Name (Last, First, Middle Initial)		Nan	ne of En	mployer				
Mailing Address		Occ	cupation					
City.	7ID 00-1-		ount					7
City State	ZIP Code		aranteed standing		7	7	1 0 1	
UDTOTAL O TIME DO LA LITTE DE LA COMPANIO				[AEC	0.00
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Carry outstanding balance only to LINE 3, Sch	edule D, for thi	is line. If no S	chedule	D, carry	forward	to appropriate	line of Su	mmary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 35 OF 45
FOR LINE 13 OF FORM 3X

		Detailed Suffiffacty	rage			0, .
AME OF COMMITTEE (In Full)			Transaction	n ID : SC/10.53	19	
KUCINICH ACTION PAC						
LOAN SOURCE Full Name (Last, First, Midd	e Initial)		Electi	on:		
Dennis Kucinich	o miliary			rimary		
Bolling Radingli				General		
Mailing Address				Other (specify)	_	
Mailing Address PO Box 110145				iller (specify)	▼	
City Cleveland	tate OH ZIP C	ode 44111				
Original Amount of Loan	Cumulative Payment To	o Date	Balance Ou	itstanding at C	lose of Thi	s Period
		1 1 1 1 1 1 1				
500.00		0.00		7	500.	.00
TERMS			_			
Date Incurred	Date Due	e Interes	t Rate	-	Secured:	
03 11 2014	M / D D / Y	N/A	0.00	% (apr)	Yes	X No
List All Endorsers or Guarantors (if any) to	Loan Source					
1. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount				1
City State	ZIP Code	Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount				_
City State	ZIP Code	Guaranteed				
,		Outstanding:	7			
3. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount				_
City State	ZIP Code	Guaranteed				
,		Outstanding:				4
4. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
Mailing Address		Occupation				
		Amount				
City State	ZIP Code	Guaranteed				
		Outstanding:	-	-		4
CHIPTOTAL C This Device This Deve (anti-u-1)			· · ·		500.	00
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			_			
Carry outstanding balance only to LINE 3, Sche	Jule D, for this line. It	t no Schedule D, carr	y forward to	appropriate I	ine of Sun	nmary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 36 OF 45
FOR LINE 13 OF FORM 3X

		Dotailed Curimiary	-99
AME OF COMMITTEE (In Full)		Tr	ansaction ID : SC/10.5320
CUCINICH ACTION PAC			
LOAN SOURCE Full Name (Last, First, M	liddle Initial)		Election:
Dennis Kucinich	nadio iriitalij		Primary
			General
Mailing Address PO Box 110145			Other (specify)
1 0 Box 110140			
City Cleveland	State OH ZIP Co	de 44111	
Original Amount of Loan	Cumulative Payment To	Date B	alance Outstanding at Close of This Period
2500.00		0.00	2500.00
2500.00		0.00	2500.00
TERMS			
Date Incurred	Date Due	Interest R	
03 11 2014	M M / D D / Y	N/A 0	.00 % (apr) Yes X No
			/ 6 (apr)
List All Endorsers or Guarantors (if any)	to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed	
		Outstanding:	, , , , , , , , , , , , , , , , , , , ,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed	
City	211 0000	Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
Cih	ZID Cod-	Amount	
City State	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
		Juistanding.	
IIDTOTALO This Desired This Desire (1997)	`	. Γ	2500.00
UBTOTALS This Period This Page (optional)	<u> </u>	2300.00
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carry outstanding balance only to LINE 3, So	chedule D, for this line. If	no Schedule D, carry fo	orward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 37 OF 45
FOR LINE 13 OF FORM 3X

		Detailed	Summary Page	I TON LINE	13 OF FORTIVI 3X
AME OF COMMITTEE (In Full)			Transa	action ID : SC/10.	5321
(UCINICH ACTION PAC					
LOAN SOURCE Full Name (Last, First	, Middle Initial)			Election:	
Dennis Kucinich				Primary	
				General	
Mailing Address PO Box 110145				Other (specify	y) ▼
City Cleveland		ode 44111			
Original Amount of Loan	Cumulative Payment To	Date	Baland	ce Outstanding at	Close of This Perio
250.00		0.	00	-	250.00
TERMS	Deta Dua		Interest Date		Caarradi
Date Incurred	Date Due	YYYY	Interest Rate		Secured:
04 / 22 / 2014	W - W / B - B / T	N/A	0.00	% (apr)	Yes X N
List All Endorsers or Guarantors (if ar	• /				
Full Name (Last, First, Middle Initial)		Name of Er	mployer		
Mailing Address		Occupation			
		Amount			
City Stat	te ZIP Code	Guaranteed		, ,	
2. Full Name (Last, First, Middle Initial)		Name of Er			
			1 7 -		
Mailing Address		Occupation			
		Amount			
City Stat	te ZIP Code	Guaranteed Outstanding		,	
3. Full Name (Last, First, Middle Initial)		Name of Er	mployer		
Mailing Address		Occupation			
		Amount			
City Stat	te ZIP Code	Guaranteed Outstanding		, , , , , , , , , , , , , , , , , , , ,	1 /8 1
4. Full Name (Last, First, Middle Initial)		Name of Er	mployer		
Mailing Address		Occupation			
_					
O'h.	710.0	Amount			
City Stat	te ZIP Code	Guaranteed Outstanding		, , ,	1 (8)
		ı			
UBTOTALS This Period This Page (optio	nal)		•		250.00
OTALS This Period (last page in this line					
	• • • • • • • • • • • • • • • • • • • •			7	7
Carry outstanding balance only to LINE 3.	. Schedule D. for this line. If	no Schedule	D. carry forwa	rd to appropriate	e line of Summary

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 38 OF 45
FOR LINE 13 OF FORM 3X

		Detailed Sulfillial	y rage
AME OF COMMITTEE (In Full)			Transaction ID : SC/10.5322
KUCINICH ACTION PAC			
LOAN SOURCE Full Name (Last, First, M	liddle Initial)		Election:
Dennis Kucinich			Primary General
Mailing Address PO Box 110145			Other (specify)
City Cleveland		Code 44111	
Original Amount of Loan	Cumulative Payment	To Date	Balance Outstanding at Close of This Period
250.00		0.00	250.00
TERMS Date Incurred	Date Du	ue Intere:	st Rate Secured:
04 22 2014	M M / D D /	N/A	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		250.00
TOTALS This Period (last page in this line or	ıly)	>	
Carry outstanding balance only to LINE 3, So	chedule D, for this line.	If no Schedule D, car	ry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

PAGE 39 OF 45
FOR LINE 13 OF FORM 3X

		Detailed Summary Page FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)		Transaction ID : SC/10.5323
UCINICH ACTION PAC		
LOAN SOURCE Full Name (Last, Fire Dennis Kucinich	st, Middle Initial)	Election: Primary General
Mailing Address PO Box 110145		Other (specify) ▼
City Cleveland	State OH ZIF	Code 44111
Original Amount of Loan	Cumulative Paymer	
250.00		0.00 250.00
TERMS	5	
Date Incurred O4 22 2014	Date I	Due Interest Rate Secured: Y Y N/A
List All Endorsers or Guarantors (if	= :	
Full Name (Last, First, Middle Initial	al)	Name of Employer
Mailing Address		Occupation
City St	ate ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address		Occupation
City St	ate ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial		Name of Employer
Mailing Address		Occupation
City St	ate ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address		Occupation
City St	ate ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This Page (opt	ional)	
OTALS This Period (last page in this lin	ne only)	
arry outstanding balance only to LINE	3, Schedule D. for this line	e. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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AME OF COMMITTEE (In Full)	Transaction ID : SC/10.5324
CUCINICH ACTION PAC	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
Dennis Kucinich	Primary
	General
Mailing Address PO Box 110145	Other (specify) ▼
City Cleveland State OH ZIP Co	ode 44111
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
250.00	0.00 250.00
250.00	0.00 250.00
TERMS	
Date Incurred Date Due	
04 22 2014 M M / D D / Y	N/A 0.00 $9/(cont)$ Yes \sqrt{N}
	/6 (apr) 100 ∑ 1.
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Adduses	Occupation
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
,	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
State Zii Gode	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
0	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
a ramo (East, 1 not, ividato initia)	Traine of Employor
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
	050.00
UBTOTALS This Period This Page (optional)	
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OTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	f no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

Use separate schedule(s) for each category of the Detailed Summary Page

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	Botalloa Gallillary Lago
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.5325
(UCINICH ACTION PAC	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
Dennis Kucinich	Primary
	General
Mailing Address PO Box 110145	Other (specify) ▼
City Cleveland State OH ZIP Co	de 44111
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
250.00	0.00 250.00
250.00	0.00 250.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
04 22 2014	N/A 0.00 % (apr) Yes X No
	/6 (apr)
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	O
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
,	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
Oily State Zii Gode	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
,	
Mailing Address	Occupation
717.0	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
a rano (East, First, Middle Initial)	Trains of Employor
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
	250.00
UBTOTALS This Period This Page (optional)	250.00
OTALS This Period (last page in this line only)	
OTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

Original Amount of Loan Cumulative Payment To 250.00 TERMS	Election: Primary General Other (specify) ▼ Ode 44111 Do Date Balance Outstanding at Close of This Period
Dennis Kucinich Mailing Address PO Box 110145 City Cleveland State OH ZIP Co Original Amount of Loan Cumulative Payment To 250.00	Primary General Other (specify) ▼ ode 44111
Dennis Kucinich Mailing Address PO Box 110145 City Cleveland State OH ZIP Co Original Amount of Loan Cumulative Payment To 250.00	Primary General Other (specify) ▼ ode 44111
Mailing Address PO Box 110145 City Cleveland State OH ZIP Co Original Amount of Loan Cumulative Payment To 250.00 TERMS	General Other (specify) ▼ ode 44111
City Cleveland Original Amount of Loan Cumulative Payment To 250.00 TERMS	Other (specify) ▼ ode 44111
City Cleveland Original Amount of Loan Cumulative Payment To 250.00 TERMS	
Original Amount of Loan Cumulative Payment To 250.00 TERMS	
250.00 TERMS	Date Balance Outstanding at Close of This Period
TERMS	
	0.00 250.00
Date Incurred Date Due	VVV
04 22 7 2014	N/A 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City Chata 7ID Code	Amount Guaranteed
City State ZIP Code	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
	050.00
UBTOTALS This Period This Page (optional)	
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If	

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)	Transaction ID : SC/10.5327
CUCINICH ACTION PAC	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
Dennis Kucinich	Primary
	General
Mailing Address PO Box 110145	Other (specify) ▼
City Cleveland State OH ZIP Co	ode 44111
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
350.00	0.00 250.00
250.00	0.00 250.00
TERMS	
Date Incurred Date Due	
04 22 2014	N/A 0.00 $Q_{(ant)}$ Yes $X N$
	/6 (apr)
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Convention
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
,	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
State ZIF Code	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
T. I all Ivalie (Last, I list, Ivilale IIIItial)	Maine of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
	050.00
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summarv.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 44 OF 45
FOR LINE 13 OF FORM 3X

		Detailed Summary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Transaction ID: SC/10.5328
UCINICH ACTION PAC		
LOAN SOURCE Full Name (Last, First, Dennis Kucinich	Middle Initial)	Election: Primary General
Mailing Address PO Box 110145		Other (specify) ▼
City Cleveland	State OH ZIP C	Code 44111
Original Amount of Loan	Cumulative Payment 1	
250.00	,	0.00 250.00
TERMS		
Date Incurred 04 22 2014	Date Du	e Interest Rate Secured: N/A 0.00 % (apr) Yes
List All Endorsers or Guarantors (if any	y) to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	e ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	e ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	e ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	e ZIP Code	Amount Guaranteed Outstanding:
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arry outstanding balance only to LINE 3	Schedule D. for this line	If no Schedule D, carry forward to appropriate line of Summar

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 45 OF 45 FOR LINE 13 OF FORM 3X

		Detailed Suffilliary Fage 1 311		
AME OF COMMITTEE (In Full)		Transaction ID : S	C/10.7005	
(UCINICH ACTION PAC				
LOAN SOURCE Full Name (Last, First, I	Middle Initial)	Election:		
Dennis Kucinich		Primary		
			General	
Mailing Address PO Box 110145		Other (s	specify) 🔻	
FO DOX 110145			v	
City Cleveland	State OH	ZIP Code 44111		
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstandi	ing at Close of This Period	
2000.00		0.00	2000.00	
TERMS				
Date Incurred	1	Date Due Interest Rate	Secured:	
05 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M = M / D = E	N1/A () ()()	Voc V No	
		N/A 0.00 % (a	apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer	Name of Employer	
Mailing Address		Occupation		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed		
-		Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
maining / tour 000		Cooupation		
		Amount		
City State	ZIP Code	Guaranteed		
		Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Moiling Address		Occupation		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed		
,		Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed		
3,	5000	Outstanding:		
		I		
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			12000.00	
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over outstanding belones substantiblE 0.5	Schodule D. for this	o line If no Cohodule D. com: forward to	prioto line of Communication	
arry outstanding balance only to LINE 3, \$	ocheaule D, for th	s line. If no Schedule D, carry forward to appro	priate line of Summary.	